Inez Murphy

From: Betzaida Cambero

Sent: <u>.</u>0 Wednesday, July 9, 2025 5:49 PM

Jennie Dennett

S

Stephanie Gardner; Robert

Delorimiere; Certificate of Insurance

Attachments: Subject: COI Herc.pdf Fw: Herc Rental COI

Acceptable.

Risk Management Analyst

Betzaida Cambero

Office of Human Resources | HR Risk Management

P.O. Box 229045

Hollywood, FL 33022

bcambero@HollywoodFL.org

Telephone: 954-921-3639

www.HollywoodFL.org





From: Jennie Dennett < JDENNETT@hollywoodfl.org>

Sent: Wednesday, July 9, 2025 4:50 PM

To: Certificate of Insurance <COI@hollywoodfl.org>

Cc: Stephanie Gardner < SGARDNER@hollywoodfl.org>; Robert

Delorimiere < RDELORIMIERE@hollywoodfl.org>; William Varandas

<WVARANDAS@hollywoodfl.org>

Subject: Herc Rental COI

Good afternoon,

Herc Rental, this is of for 200 ton chiller for fire station.

Thanks,

Jennie

Jennie Dennett

Administrative Assistant I

Public Works

P.O. Box 229045

Hollywood, FL 33022

Email: JDENNETT@hollywoodfl.org

Telephone: 754-329-0506





www.HollywoodFL.org



ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY) 06/26/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(les) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s)

PRODUCER		CONTACT NAME:				
Aon Risk Services South, Inc Charlotte NC Office	•	PHONE (A/C. No. Ext):	(866)	283-7122	FAX (A/C. No.): (800) 363-01	.05
MSC# 17693 PO Box 551343		E-MAIL ADDRESS:				
Atlanta GA 30355 USA			IN	SURER(S) AFFORDIN	NG COVERAGE	NAIC#
INSURED		INSURER A: National Union Fire Ins Co of Pittsburg				19445
HERC Rentals Inc. 27500 Riverview Center Blvd Bonita Springs FL 34134 USA		INSURER B: AIU Insurance Company			19399	
	INSURER C:	INSURER C:	Black and Gold Insurance Ltd			1094FI
		INSURER D:				
		INSURER E:				
		INSURER F:				
COVERACED	OFFICIOATE MUMBER, 5704407000	20		DEVI	CION NUMBER.	

CERTIFICATE NUMBER: 570113726380 REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EVALUEDING AND CONDITIONS OF SUBJECT BY ANY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS,

		USIONS AND CONDITIONS OF SUCI						IS. Limits sh	own are as requested
INSR		TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS	
Α	Х	COMMERCIAL GENERAL LIABILITY	1.4		6882290	06/30/2025	06/30/2026	EACH OCCURRENCE	\$3,000,000
		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$500,000
								MED EXP (Any one person)	\$5,000
			1					PERSONAL & ADV INJURY	\$3,000,000
	GE	N'L AGGREGATE LIMIT APPLIES PER:	1					GENERAL AGGREGATE	\$11,000,000
		POLICY X PRO-						PRODUCTS - COMP/OP AGG	\$11,000,000
l		OTHER:	1						
Α	AU'	TOMOBILE LIABILITY	Y		976-75-01 AOS	06/30/2025	06/30/2026	COMBINED SINGLE LIMIT (Ea accident)	\$5,000,000
В	X] ANY AUTO			976-75-02	06/30/2025	06/30/2026	BODILY INJURY (Per person)	
İ	-	OWNED SCHEDULED			МА	}		BODILY INJURY (Per accident)	
	\vdash	AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY						PROPERTY DAMAGE (Per accident)	
		1 ASISS SILE							
С	х	UMBRELLA LIAB X OCCUR			BGIL2025	06/30/2025	06/30/2026	EACH OCCURRENCE	\$5,000,000
	Г	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$5,000,000
	Г	DED RETENTION	1						
В		ORKERS COMPENSATION AND MPLOYERS' LIABILITY		Y	014111676	06/30/2025	06/30/2026	χ PER STATUTE OTH-	
В	AN	NY PROPRIETOR / PARTNER / EXECUTIVE	N/A		AOS 014111677	06/30/2025	06/30/2026	E.L. EACH ACCIDENT	\$1,000,000
١	(M	fandatory in NH)	J"'^		WI	00, 50, 2025	00, 00, 1010	E.L. DISEASE-EA EMPLOYEE	\$1,000,000
	DE	yes, describe under ESCRIPTION OF OPERATIONS below						E.L. DISEASE-POLICY LIMIT	\$1,000,000
l	ı		1						

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

The City of Hollywood is included as Additional Insured in accordance with the policy provisions of the General Liability and Automobile Liability policies. A Waiver of Subrogation is granted in favor of Certificate Holder in accordance with the policy provisions of the Workers' Compensation policy.

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS

City of Hollywood 1600 S. Park Rd. Hollywood FL 33021 USA

AUTHORIZED REPRESENTATIVE

Aon Risk Services South Inc

AGENCY CUSTOMER ID: 570000070531

LOC #:



ADDITIONAL REMARKS SCHEDULE

ADDITIONAL R	EMARKS SCHEDULE Page _ of _
AGENCY	NAMED INSURED
Aon Risk Services South, Inc.	HERC Rentals Inc.
POLICY NUMBER See Certificate Number: 570113726380	
CARRIER NAI	IC CODE
See Certificate Number: 570113726380	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS	FORM IS A SCH	DULE TO ACORD FORM,	
FORM NUMBER: ACORD 25	FORM TITLE:	Certificate of Liability Insurance	

	INSURER(S) AFFORDING COVERAGE	NAIC#
INSURER		

If a policy below does not include limit information, refer to the corresponding policy on the ACORD ADDITIONAL POLICIES certificate form for policy limits.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIM	IITS
	WORKERS COMPENSATION							
Α		N/A		003332326 EX Workers Comp (NC, OK) SIR applies per policy te		06/30/2026 ons		
		_						
						:		
-								
		ļ			-			
							:	

AGENCY CUSTOMER ID: 570000070531

LOC#:



ADDITIONAL REMARKS SCHEDULE

Page of

ADDITIONA	_	MAINO GOLLEDGEE	rage _ or _
AGENCY		NAMED INSURED	
Aon Risk Services South, Inc.		HERC Rentals Inc.	
POLICY NUMBER See Certificate Number: 570113726380			
CARRIER	NAIC CODE		
See Certificate Number: 570113726380		EFFECTIVE DATE:	

ADDITIONAL REMARKS THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM, FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance Additional Information-Umbrella Liab.
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance
Additional Information-Umbrella Liab.
As respects policy number BGIL2025 Aon Commercial Risk (U.S.) is generating and distributing this certificate in an administrative capacity. Coverage is Independently Procured by the Insured. Aon Insurance Managers (Bermuda) Ltd. is the Insurance Manager and/or authorized representative.